						PTO/SB/17 (09	-07		
Effective on 12/08/2004.			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number	er 10/6	10/694,643				
FEE TRANSMITTAL			iling Date	Oct	October 27, 2003				
For FY 2007		Ŀ	irst Named Inven	tor Rell	Reller, William M.				
Applicant claims small entity status. See 37 CFR 1.27		— <u> </u> <u> </u>	xaminer Name	Coll	een A. Hoar				
			rt Unit	417	2				
TOTAL AMOUNT OF PAYMENT	(\$) 25		Attorney Docket N	o. 026	296-000310L	JS	_		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and WARNING: Information on this form ma	v become public. Credit can	d Inform		iny overpay se included		ovide credit card			
information and authorization on PTO-2	038.						_		
FEE CALCULATION							_		
1. BASIC FILING, SEARCH, AN			CH FEES	EYAMIN	IATION FEES	2			
	Small Entity	<u>s</u>	mall Entity	S	mall Entity	-			
			Fee (\$)		Fee (\$)	Fees Pald (\$)			
Utility 310		510	255	210	105				
Design 210		100	50	130	65				
Plant 210		310	155	160	80	-			
Reissue 310		510	255	620	310				
Provisional 210	100	0	0	0	0				
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including				Fee (\$) 50	Fee (\$) 25				
Each independent claim over 3 (including Reissues)					210	105			
Multiple dependent claims					370	185			
			Paid (\$) 25		Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for					100101	1.00 1-010 137			
Indep. Claims Extra C			Pald (\$)						
HP = highest number of independent claim	x \$105 =	3	50						
3. APPLICATION SIZE FEE	e para rer, a greator atom e								
If the specification and drawing	s exceed 100 sheets of	paper	(excluding ele	ctronicall	y filed sequer	nce or computer			
listings under 37 CFR 1.52(all entity) for	each additional 50			
sheets or fraction thereof. S Total Sheets Extra S					F	(6) F D-14 (6)			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = /50 = (round up to a whole number) x = Fee (\$) = Fee (\$)									
4. OTHER FEE(S)						Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY							=		
TO CONTINUOUS	. 1 01	Т	agistration No.						

SUBMITTED BY			
Signature	Dnil A Hall	Registration No. (Attorney/Agent) 32,	233 Telephone 858-350-6100
Name (Print/Type)	David A. Hall		Date January 31, 2008